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Attorney's Docket No. 741124-63

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Dieter BUSCH

Application No.: 09/729,422

Filed: December 5, 2000

For: ERGONOMIC, INTERFERENCE SIGNAL-

REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF

BODIES

Group Art Unit: 2859

Examiner: T. M. Reis

CERTIFICATE OF MAILING

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20231, on August 22, 2002.

To Manus K.M. McManus

SUBMISSION OF SUBSTITUTE DRAWING

Commissioner for Patents Washington, D.C. 20231

Sir:

Enclosed One (1) new sheet (Fig. 1) of formal drawings for review by the Patent and Trademark Office in connection with the above-captioned patent application. The sole change relative to Fig. 1 as currently on file is the removal of reference number 12. Should the enclosed drawings require changes, it is respectfully requested that the Patent and Trademark Office notify the undersigned attorney of same.

Respectfully submitted,

By: David S. Safran

Registration No. 27,997

NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800 McLean, Virginia 22102 Telephone: (703) 770-9300





Please type a plus sign (+) inside this box \rightarrow [+]

PTO SB/21 (08-00)
Approved for use through 10/31/2002. ON B 0651-0031
Idemark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM			Application Number		09/729,422							
			Filing Date		December 5, 2000							
(to be used for all correspondence after initial filing)			First Named Inventor		Dieter BUSCH							
			Group Art Unit		2859							
		Examiner Name		T.M. Reis								
Total Number of Pages in This S	5	Attorney Docket Number	r	741124-63								
ENCLOSURES (check all that apply)												
Fee Transmittal Form		1	nent Papers	After Allowance Communication to Group								
Fee Attached		ca `	Application)									
Amendment / Reply		Drawings – (Fig. 1)										
☐ After Final		Petition	_									
Affidavits/declaration(s)		Petition to Convert to a Provisional Application										
Extension of Time Request			f Attorney, Revocation									
Express Abandonment Request		Address	of Correspondence		**							
Information Disclosure Statement		Terminal Disclaimer										
Certified Copy of Priority		Request for Refund										
Document(s)		Remarks	mber of CD(s)									
Response to Missing Parts/ Incomplete Application Response to Missing Parts		The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for										
		the above identified docket number.										
under 37 CFR 1.52 or 1.53												
Response to Notice to Fil												
	SIGNATUI	RE OF APPLI	ICANT, ATTORNEY,	OR AC	GENT							
Firm David S. Safran, Esq.												
or Individual name	Nixon Pea	pody LLP asboro Drive										
	nsooio Duve	bolo Drive										
McLean, VA 22012												
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Date August 22,		, 2002	2002									
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PTO/SB/17 (11-00) Approved for use through 10/31/2002. OMB 0651-0032 Complete if Known

FEE TRANSMITTAL **FOR FY 2002**

Filing Date 12/05/2000 First Named Inventor Dieter BUSCH Examiner Name T.M. Reis Group Art Unit 2859

741124-63

Date

August 22, 2002

09/729,422

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)640.00

METHOD OF PAYMENT					FEE CALCULATION (continued)		/_		
1. E The Commissioner is hereby authorized to charge indicated		FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Small Entity Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 105 130 205 65 Surcharge – late filing fee or code for cover sheet							
fees and credit any overpayments to: Deposit		Larg		Small		8 7	Ċ		
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		130	139	130	Non-English transaction	ľ			
Charge Any Additional Fee Required		2,520	147	2,520	For filing a request for ex parte reexamination				
Under 37 CFR 1.16 and 1.17	112	920*	112	920*	Requesting publication of SIR prior to Examiner action				
	113 1	.840*	113	1,840*	Requesting publication of SIR after Examiner action				
Applicant claims small entity status. See 37 CFR 1.27	115	110	215	55	Extension for reply within first month				
2. E Payment Enclosed:	116	400	216	200	Extension for reply within second month				
	117	920	217	460	Extension for reply within third month	460.00			
Check LJ Credit Card LJ Money LJ Other Order	118	1,440	218	720	Extension for reply within fourth month	400.00			
FEE CALCULATION	128	1,960	228	980	Extension for reply within fifth month				
1. BASIC FILING FEE	119	320	219		Notice of Appeal				
Large Entity Small Entity	120	320	220		Filing a brief in support of an appeal				
Fee Fee Fee Fee Description	121	280	221		Request for oral hearing				
Code (\$) Code (\$) Fee Paid		1,510	138		Petition to institute a public use proceeding	ļ			
101 740 201 370 Utility filing fee	140	110	240		Petition to revive – unavoidable				
106 330 206 165 Design filing fee		1,280	241		Petition to revive – unintentional				
107 510 207 255 Plant filing fee		1,280	242		Utility issue fee (or reissue)				
108 740 208 370 Reissue filing fee	143	460	243						
114 160 214 80 Provisional filing fee	144	620	244		Design issue fee Plant issue fee				
		130	122		Petitions to the Commissioner	-			
SUBTOTAL (1) (\$) 0									
2. EXTRA CLAIM FEES	123 126	50	123		Processing fee under 37 CR 1.17(q)		ĺ		
Fee from ' Extra Claims below Fee Paid		180	126	180	Submission of Information Disclosure Stmt	180.00	1		
Total Claims $16 - 20^{\bullet \bullet} = 0 \times 9.00 = 0$		40	581		Recording each patent assignment per property (times number of properties)		1		
Independent 7 -7** = 0 X 42.00 = 0.0 Claims		740	246		Filing a submission after final rejection (37 CFR				
Multiple Dependent 140. = 0		740	249	370	§ 1.129(a)) For each additional invention to be examined (37 CFR § 1.29(b))				
Large Entity Small Entity	179	740	279		Request for Continued Examination (RCE)	-			
Fee Fee Fee Fee Description Code (\$) Code (\$)	169	900	169		Request for expedited examination of a design				
103 18 203 9 Claims in excess of 20	0.1	c			application				
102 84 202 42 Independent claims in excess of 3	Other	fee (spec	city)				J		
104 280 204 140 Multiple dependent claim, if not paid	* Dadu	and had	Davia Fi	iina Pa	- P-id SUPTOTAL (2) (5) (40		ı		
109 84 209 42 ** Reissue independent claims over	Keuu	iced by i	Basic Fi	iing re	e Paid SUBTOTAL (3) (\$) 640		1		
original patent									
110 18 210 9 ** Reissue claims in excess of 20 and		ī b	erehv cer	tify that	CERTIFICATE OF MAILING this correspondence is being deposited with the United States Posta	I Service with			
over original patent		nt postage			il in an envelope addressed to Commissioner for Patents, Washingto				
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**or number previously paid, if greater: For Reissues, see above	Name:	/// K.M. Mc	Manus	1/a	nus				
SUBMITTED BY					Complete (if applicable)		\equiv		
David S Safran	Regis	tration	No.	27.	997 703-770-9300)			
Name (Print/Type)		100/40		1 - ' '	Telephone 703-770-7500	•			

Application Number

Attorney Docket No.

Signature